

Iowa State Innovation Model
Healthcare Innovation and Visioning Roundtable
In Person Roundtable Workgroup Meeting #2

June 14, 2018 9:00 am – 3:00 pm

Iowa Medicaid Enterprise
100 E. Army Post Road, Des Moines

Meeting Minutes

9:00 – 9:10am: Welcome and Introductions

Dr. Tom Evans with the Iowa Healthcare collaborative welcome everyone to the second meeting of the Roundtable Workgroups. Dr. Evans outlined the purpose of the meeting. He reminded participants that the Healthcare Innovation and Visioning Roundtable is charged with developing consensus on how to sustainably transform the healthcare system to best serve the needs of all Iowans and to deliver these recommendations to Governor Reynolds in September.

9:10 – 9:15am: Work of the Day

Lori Coyner with Health Management Associates (HMA) provided a brief overview of the agenda. She reiterated the vision established by the Roundtable and reviewed prominent theme from previous Roundtable meetings. She also highlighted that in today's session groups will build on the work from the first meeting to begin to flesh out the recommendations that will go back to the Roundtable for consideration. Ms. Coyner shared that after the presentation, participants will break out into their separate workgroups. She then introduced the guest speaker from the Oregon Health Authority, who will share their experience real time information exchange to reduce ED utilization and improve care management.

9:15 – 9:45am: Educational Presentation and Discussion

Britteny Matero, HIE Programs Manager in the Office of Health Information Technology with the Oregon Health Authority, presented on Leveraging Public/Private Partnerships to Address ED Utilization in Oregon. The presentation provided an overview of the Emergency Department Information Exchange (EDIE) and PreManage as a web-based communication tools that provide real time information to support statewide efforts to reduce ED utilization, improve care coordination and management. Ms. Matero addressed the evolution of the public/private partnership in Oregon, including program relationship and governance. She highlighted EDIE/PreManage adoption in Oregon, along with user experience and impact.

9:45 – 2:15pm: Breakout by individual Workgroup

David Rogers with HMA facilitated a discussion among **Healthy Communities Workgroup** participants. The group discussed attributes a healthy community, including the need for these communities to focus on what has biggest impact on health outcomes and address social determinants of health (SDOH).

There was discussion that strategies for Health Communities must be tailored differently for rural and urban environments. The group considered support Healthiest State efforts while focusing on more on vulnerable populations with high-needs. There was discussion of how best to identify “highly impactable” populations, capabilities and resources need to identify the target population, and how screening and/or assessment data might be used at different levels.

The workgroup discussed potential measure and milestones. There was considerable discussion related to how outcome/quality be streamlines to a core set of measures based on evidence-based cost-effective practices, as well as types of metrics that are most meaningful to other stakeholders (e.g. employers, schools, parents). Some questions were raised regarding what level of monitoring and evaluation is needed.

The workgroup discussed potential partners that should be engaged, both inside and outside the healthcare system. The group addressed approaches for convening community leaders, identify burning platform in the community to get some consensus on direction, and learning from other efforts (e.g. Blue Zones/Healthy Hometown). Discussion addressed what role behavioral health, social services, long-term care have at the table, and what entities are best positioned to convene community resources. The workgroup had some discussion related to dependencies and economic impacts with transition, particularly how Healthy Communities should leverage strategies where providers are rewarded for maintaining and increasing health.

Lori Coyner, HMA, and Lauren Block with the National Governor’s Association, facilitated a discussion among **Data Sharing and Use of Workgroup** participants. The workgroup began by reviewing relevant questions for each organization participating:

- What are your organizations biggest needs for successful sharing and use of data?
- What are the biggest barriers to achieving these priorities?
- What is the business case for sharing and use of data? Individuals with complex care needs?

The workgroup discussed attributes of successful use and sharing of data in order to ensure the right care at the right time with the right information to promote informed decision-making by providers, payers, and patients. The group considered how providers are able to identify high needs and high cost consumers to implement evidence-based interventions. Further discussion occurred related to a multi-stakeholder governance structure with well understood policy approach, sustainable financing, and shared platform for information exchange. The workgroup discussed the types of data needed (e.g. admission/discharge/transfer, pharmacy, labs, long-term services and supports facilities, behavioral health), resources needs and the potential to leverage Medicaid 90/10 funding.

The workgroup discussed data exchange needs. This included the need for payers and providers use a common platform to exchange information and share a common understanding and interpretation of federal and state laws, as well as common standards to provide assurance of data security. End user support was also considered. The workgroup discussed barriers to success for use and sharing of data, as well as modular Health IT (HIT) functionalities and foundational components for governing HIT. The workgroup also discussed capabilities required for successful data sharing, including data standards, security and privacy, various tools, and performance metrics. There was also considerable discussion related to alignment required for successful data sharing, focused on governance and oversight issues, as well as stakeholder alignment, roles and responsibilities.

2:15 – 2:50pm: Workgroup Chairs’ Report

The individual workgroups came together for a joint session. The chairs of each workgroup provided a summary of progress made to date. Nick Gerhart, chair of the **Data Sharing and Use of Workgroup**, reported progress. He noted the focus on data exchange and governance, with emerging technologies taking on less of a focus for the group. Dr. Mike Romano, chair of the **Healthy Communities Workgroup**, shared progress from that group. He reported that the group, while supporting broader efforts underway to building healthier environments, identified opportunities to target high-needs populations that could impact healthcare costs and outcomes.

2:50 – 3:00pm: Closing and Net Steps

Dr. Evans thanked the workgroup participation and reiterated the charge for workgroups to continue work that will ultimately lead to a set of recommendations for a sustainable healthcare system in Iowa. He noted synergies between the workgroups (e.g. related to high-cost, high-needs populations). Dr. Evans noted that progress of the workgroups would be reported at next Roundtable meeting on June 20th.